



Did you have any learning problems?      Yes      No      If Yes, describe \_\_\_\_\_

How did you hear of Dr. Candy Lewis?      Website      Friends/Family      Other \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Has any other family member already been seen as a client of Dr. Lewis?      Yes      No

Spouse's Name \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

IN CASE OF EMERGENCY who should we contact? \_\_\_\_\_ Relationship? \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_